



THE TEXAS SCHOOL HEALTH BULLETIN

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THE TDH SCHOOL HEALTH ADVISORY COMMITTEE

By Jane Tustin, R.N.

The Texas Department of Health (TDH) School Health Advisory Committee was established by TAC Title 25, Part 1, Chapter 37, Subchapter R, and charged to establish a leadership role for TDH in the support and delivery of school health services. Since the School Health Advisory Committee (SHAC) is a follow-up of the Interagency School Health Task Force, most members accepted their appointments with an understanding that deliberations and recommendations would come from the data collected in the **TDH School Health Services and Staffing Survey** conducted in 1999. However, in the initial discussions of the SHAC, a philosophy evolved among the participants that this committee represented an opportunity not only to study current school health services in Texas, but also to recommend guidelines and standards within a broader perspective of school health to benefit students.

While the purpose may seem fairly straightforward, the committee constituents (like many coalitions) have sought to understand the various viewpoints represented by its stakeholders and achieve a consensus on mission, goals and objectives. From the beginning, the committee members have been open about their concerns, opinions and issues. The "ground rules" established by the group facilitated an exploration of all ideas generated. This process was sometimes

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Q Why do I get letters, info and surveys on TDH Letterhead, but signed by people who are not TDH School Health Program staff? And when I call TDH School Health staff, they don't know what I am talking about.

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TEXAS COMPREHENSIVE SCHOOL HEALTH:

Developing Local School Health Advisory Councils

By Ruth E. Andersen, Ph.D.

The Texas Comprehensive School Health Network (TCSHN) is made up of 20 School Health Specialists, with one Specialist located in each of the 20 Regional Education Service Centers across the state. The TCSHN is funded and supported by a working partnership of the Texas Cancer Council and Texas Department of Health (TDH). School Health Specialists in the TCSHN pursue a wide range of health education and promotion activities in order to meet the needs of the school districts in their respective regions.

In recent years, a key focus of school health activities in Texas has been the important School Health Advisory Councils, or SHACs. Consequently, a major focus for the TCSHN is assisting with formation and functioning of SHACs. This fiscal year, for the first time in the TCSHN's history, the contract for Network members includes \$5,000 of earmarked funds for use in planning and coordinating a regional SHAC conference. Conference guidelines require the event to include participants from a broad range of community sectors and to enhance the effectiveness of local SHACs.

In Texas, SHACs (also called local health education advisory councils) are mandated by state law, specifically subsection (e) of Section 28.004 of the Education Code, "Human Sexuality Instruction." During the current legislative session, the author of the original law (Rep. Garnet F. Coleman, District 147, Houston) has proposed new legislation (House Bill 814) that would correspondingly widen the focus and function of SHACs. The new language specifies that "the board of trustees of each school district shall establish a local health education advisory council to assist the district in ensuring that local community values are reflected in the district's health education instruction."

The TDH School Health Program and many school districts have supported utilizing the local health advisory councils in a broad manner—including all eight components of coordinated school health. In planning and presenting their conferences this year, Specialists in the TCSHN have found that many SHACs are already pursuing the coordinated development of local school health programming. Moreover, the opportunity to meet in a professional setting and polish the skills that help to ensure a SHAC's effectiveness is proving to be of value to local communities. As School Health Specialist Molly Berger (Region IV Education Service Center, Houston) says, "Once they get past the [legislative] mandate – the fact that it's required – what people are really interested in is team-building: how to get people to come [to meetings], and then,

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LETTER FROM THE TDH SCHOOL NURSE CONSULTANT

It is hard to believe that a year has passed since I joined the TDH School Health Program, and that soon the 2000-2001 school year will draw to a close. Has it been a good year for you? How many students have you seen? How many lives have you affected? As a nurse, what is your accountability rating? How did you perform on your outcome measures? Did students with legitimate health concerns receive as much of your time

Do you plan your daily schedule based on the nursing process and a thorough assessment of the health needs of your students... or does the proverbial squeaky wheel direct your practice?

and attention as they deserved, or did you find yourself catering to the needs of the moment or to whoever presented through your door and stood in front of you? Is your school nursing practice proactive or reactive? Do you plan your daily schedule based on the nursing process and a thorough assessment of the health needs of your students, and determine priorities accordingly, or does the proverbial squeaky wheel direct your practice?

In preparing for the school year's end

and the beginning of the cycle again next fall, visualize your day as a 5-gallon bucket. You have 3 large rocks, 3 medium size rocks, some gravel and some sand. If you pour the sand in first, the gravel second; there will be little or no room left for the rocks, leaving them excluded. But, if you fit the larger rocks in first, then the gravel, the sand can be poured in and will fill in all the tiny cracks and empty spaces.

When I heard this at a workshop, I didn't believe it, so I went home and tried it myself. It was true, and the analogy that immediately came to my mind was that the big rocks signified treatments, procedures, detailed assessments and follow up on students with known health concerns. These

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TDH SCHOOL HEALTH PROGRAM ANNOUNCEMENTS

New Coordinator for TDH School-Based Health Center Funding Program

The TDH School-Based Health Center Funding Initiative provides start-up funding for school-based health centers to school districts and charter schools throughout Texas. When the program began in 1993, John Dillard became its coordinator. Under Mr. Dillard's coordination, TDH funded 27 new centers over a period of six years. In 1999, Mr. Dillard moved to the TDH Tobacco Control Division, where he coordinated the activities of regional tobacco prevention program staff. He was also involved in planning and implementing the tobacco prevention pilot project in East Texas which is funded with tobacco settlement dollars.

Last March, Mr. Dillard returned to serve as coordinator again for the newly invigorated School-Based Health Center Funding Program. The TDH School Health Program welcomes Mr. Dillard back and looks forward to working closely with him again. This fiscal year, as a result of the passage of HB 2202, TDH will provide funding for up to three new centers. For more info on TDH School-Based Health Center funding, call John Dillard at 512-458-7111, ext. 2782, or visit the program website:

www.tdh.state.tx.us/schoolhealth/heal_ctr.htm.

Revised TDH Pediculosis Management Guidelines

After a lengthy review process by a multi-disciplinary work group, the revised *TDH*

Recommended Guidelines for the Control of Pediculosis in the School Setting is completed. In addition to a new layout and illustrations, the manual goes further in stressing that head lice is a social issue and not a public health threat. TDH will mail a copy to each Texas school and district, as well as to subscribers of this bulletin, sometime in May. To request additional copies, contact the TDH School Health Program at 512-458-7111, ext. 2140, or email: ernesto.marquez@tdh.state.tx.us.

New School Nurse Administrator Database

The TDH School Health Program is compiling email addresses of school nurse administrators, coordinators, lead nurses, and nurses from single nurse school districts.

We hope to have *at least* one contact person who can efficiently relay info to other nurses and health staff in a given school district. If you are the coordinator and/or lead nurse of your district, private school, charter school, etc., please visit the TDH School Health Program website where you can enter your email address into our database. We will continue to work through the Regional School Health Specialists to disseminate information. The database will be an additional way to quickly relay info to Texas school nurses and health staff.



SCHOOL HEALTH QUESTIONS?

VISIT THE TDH SCHOOL HEALTH PROGRAM WEBSITE:

www.tdh.state.tx.us/schoolhealth



Or, contact a School Health Program staff person. If we can't answer your question, we'll find someone who can. Contact any of us at 512-458-7111, and enter an extension:

Ruth E. Andersen, Ph.D. (Texas Comprehensive School Health Network): ext.. 3014

John Dillard (School-Based Health Center Funding Program): ext. 2782

Ernesto Marquez (Awards for Excellence in School Health, Spinal Screening, Head Lice): ext. 2140

Diane Montoya (School Health Advisory Committee, Blood-Borne Pathogen Exposure): ext. 3032

Michelle McComb, R.N., (School Nurse Consultant and Program Coordinator): ext. 3307



CURRENT STATE LEGISLATIVE BILLS RELATED TO SCHOOL HEALTH SERVICES

The following are House and Senate bills under State Legislative consideration (as of printing of this newsletter) that have potential impact on school health services in Texas. We have provided brief summaries of each bill. As state employees, TDH School Health Program staff cannot lobby for or against legislative bills. We can, however, encourage you to contact your legislative representatives about the bills that are of concern to you and your community. For more information on any legislative bill, visit the Texas Legislature website at: <http://www.capitol.state.tx.us>, or contact the office of the bill's author (listed beside the bill number).

HB 1095 (Rep. Dutton) / **SB 579** (Sen. Van de Putte): Codify the TDH School Health Advisory Committee as the body responsible for recommending school health services guidelines in Texas. School districts would not be required to implement these guidelines.

HB 814 (Rep. Coleman): Broadens the scope of the local health education advisory councils from human sexuality instruction to health education in general.

SB 19 (Sen. Nelson): Requires school districts to offer enrichment subjects, including health, as part of required curriculum. Requires daily physical activity also.

SB 104 (Sen. Van de Putte): Requires teachers to complete one hour of training in detection of child abuse and neglect.

SB 538 (Sen. Lucio): Requires comptroller to perform a comprehensive statewide assessment study to determine the duties of public school counselors.

HB 395 (Rep. Wise): Requires districts to appoint a Playground Safety Coordinator.

HB 390 (Rep. Maxey): BME rules regarding supervision of RNs using telemedicine.

HB 398 (Rep. Smith): Addresses inclusion of the "billing record" as part of a patient's confidential medical record (may affect school-based health centers).

HB 640 (Rep. Turner): Requires public school restrooms to have hand cleaner, a sanitary method of drying hands, and both hot and cold running water. Authorizes TDH to inspect all public school restrooms at least once every three years.

HB 796 (Rep. Najera): Requires the Board of Education, TDH, and TX Diabetes Council to develop a diabetes education program that schools must use. Further requires school food programs to comply with nutritional guidelines set by TX Diabetes Council.

HB 821 (Rep. Giddings): In regards to CPR instruction, changes current language in Education Code to "training" rather than "certification."

HB 342/SB 283 (Several authors): Requires TDH implement a children's asthma disease management pilot study that measures school absenteeism, hospitalization, frequency of asthma symptoms, impact of disease on family, economic effects of the disease, including income lost by parents as a result of days missed from work and income lost by schools as a result of student absenteeism.

HB 2006 (Rep. Naishtat): Perform indoor air-quality tests in existing schools and make the results public.

HB 2007 (Rep. Naishtat): Mandate new or significantly renovated schools to meet air-quality standards.

HB 2008 (Rep. Naishtat): Directs TDH to develop voluntary indoor air-quality guidelines for all public buildings.

HB 1688 (Rep. McClendon): Student on school grounds or related school activity entitled to possess and self-administer prescription medication for asthma.

HB 1910 (Rep. Capelo): Relating to agreements concerning food and beverages in vending machines on public schools, to ensure that machines are stocked with food with nutritional value – at least 50%.

HB 1702 (Rep. Green): Relating to Immunization exemptions and immunization registry.

HB 1124 (Rep. Turner): Relating to establishing a community health-care awareness and mentoring program for students.

HB 518 (Rep. Grusendorf): Relating to requiring Hepatitis A vaccines for food service employees.

SB 104 (Sen. Van de Putte): Relating to requiring continued education for teachers in detection of child abuse and neglect.

HB 2652 (Rep. Capelo): Requires that school districts measure and record a student's height and weight in order to address the needs of those students who are overweight, and to maintain the health of students who are not overweight..

HB 2989 (Rep. Gutierrez / Rep. Chavez): Screening program for acanthosis nigricans, where the board shall require this screening to be performed at the same time as hearing and vision screening is performed under Chapter 36. UT Pan American would delegate the screenings and it would happen only in Education Service Center Regions 1, 2, 3, 13, 15, 18, 19, & 20.

HB 2945 (Rep. Capelo): Acanthosis nigricans education and screening to be performed at same time as hearing and vision and/or spinal screening. Gives TDH authority over screening. Affects entire state.



School-Age Children with Phenylketonuria (PKU)

By: Michele M. Goddard, M.P.A., TDH Newborn Screening Program



Do you have a student with Phenylketonuria (PKU) in your school? If the student is no longer in touch with a PKU treatment center, there is an important message we need to give the parents. In the past, children were taken off the special diet for PKU around school age and lost contact with the PKU clinic. The current recommendation is for persons with PKU to remain on the diet throughout life. Parents need to be made aware of this.

This recommendation is based on results of medical research. Findings indicate that children with PKU who are not on the diet lose IQ points and exhibit behavior problems. Another issue involves PKU and pregnancy. Young women with PKU who are not on the diet deliver infants with severe birth defects including mental retardation.

What is Phenylketonuria? Phenylketonuria (fennel-key-ton-uria), often called PKU, is a condition some children have that affects their ability to properly use protein. The problem concerns one particular part of protein, the amino acid called phenylalanine ("phe" for short). When a person eats foods containing protein, en-

zymes break down the protein into separate amino acids. In PKU, one of the enzymes does not function properly, as a result, "phe" accumulates in the blood and other parts of the body. The excess "phe" prevents the brain from growing and developing normally.

How is PKU Treated? At the present time, a diet low in "phe" is the only treatment for PKU. The right amount of "phe" for the child is determined through tests that measure the amount of "phe" in the blood. The diet prescription is adjusted accordingly by a physician and nutritionist. A child with PKU also drinks a special formula with most of the protein, vitamins and minerals that a child needs for growth.

How Does One Get PKU? PKU occurs in a child who has two genes for PKU, one inherited from his father and the other from his mother. It is estimated that one in every 70 persons is a carrier for PKU and that the disorder affects one in every 15,000 to 20,000 infants born in the U.S.

What are the Effects of PKU? The severe mental retardation and other problems associated with PKU can be pre-

vented by early diagnosis and proper diet. Remaining on diet is essential to the control of the effects of PKU. Current research shows that the "phe"-restricted diet should be continued indefinitely. In the past, some children were taken off the diet around the time they started school. Many of the children taken off the diet began to lose IQ points and showed a drop in their ability to do school work.

What is the Maternal PKU Syndrome? Before newborn screening for PKU, women with PKU rarely reproduced as they were confined to institutions because of their severe mental retardation. After screening and early treatment was instituted, women with PKU developed normally, married and began having children of their own. Many women who had discontinued diet had children with major birth defects called the Maternal PKU Syndrome. The problems included microcephaly, congenital heart defects, low birth weight and mental retardation.

What Causes These Birth Defects? During pregnancy, nutrients, including "phe", are transferred to the baby via the placenta. The placenta concentrates some nutrients,



Immunizations Update: Shortage of Tetanus & Diphtheria Toxoids

On March 16, 2001, the National Centers for Disease Control and Prevention (CDC) issued an update regarding the national shortage of tetanus toxoid-containing products (DT, DTaP, Td, and TT). To assure that public and private immunization providers in Texas have the most current information available, the Texas Department of Health (TDH) Immunization Division is providing the following summary:

- The shortage of DT, DTaP, Td, and TT is the result of decreased production of these products by pharmaceutical companies.
- This is a nationwide shortage, and CDC is monitoring the situation closely.
- The shortage is not expected to be resolved for 12 to 18 months.
- It is likely that some physicians and clinics will have difficulty obtaining adequate supplies of DTaP, DT, or Td to vaccinate children in their practices.
- Students and children enrolled in public and private schools in Texas who need the booster dose of Td (at approximately 14 years of age) and are unable to receive this dose from their respective local or regional health agency or private physician should be granted a temporary exemption and allowed to remain in school.
- This temporary exemption must be signed by the student's respective local or regional health agency or private physician. (The temporary exemption form will be available to schools and local and regional health departments from TDH.)
- At this time, there is no change in the national recommended DTaP vaccine schedule. However, since pertussis is most severe among children less than one year of age, providers should assure that all infants have received the primary series of 3 doses of DTaP.
- When adequate supplies of tetanus toxoid-containing products are available, providers should recall for vaccination all children who were not able to be vaccinated on schedule.
- Clinics and hospitals that need Td for appropriate wound management should contact Aventis Pasteur directly at (800) VACCINE or (800) 822-2463.

For more info contact the TDH Immunization Division at (800) 252-9152. The complete text of the CDC notice is available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5010a3.htm.

ASSESSING STAFF'S RISK FOR HEPATITIS B OCCUPATIONAL EXPOSURE

Below is a sample of an occupational risk worksheet designed for assessing a school employee's risk of blood-borne exposure to Hepatitis B. This worksheet was sent to us by Mary McCloud R.N., who found it in the *School Health Alert* newsletter. For a complete guide to current Blood-Borne Pathogen Exposure Legislation pertaining to Texas schools, visit the TDH School Health Program website: www.tdh.state.tx.us/schoolhealth. Thanks Mary!

HEPATITIS B OCCUPATIONAL RISK WORKSHEET: GUIDELINES FOR SCHOOL EMPLOYEES (Check the box that applies to the approximate frequency of your exposure to each occurrence)				
At my workplace I...	Practically never	It occurs, but rarely	A few times a year	Regularly; more than 6-12 times a year
1. Am bitten by a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Am scratched (bleeds) by a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clean up students' blood or body fluids that contain blood (nose bleeds, soiled tampons, saliva with blood, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clean and dress oozing or bloody wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5. Perform medical procedures (such as draw blood, directly contact insertion sites of tracheal and gastric tubes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6. Handle sharp objects that are blood-contaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

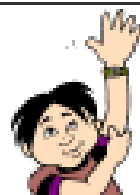
ASSESSMENT OF RISK:

If all listed exposures to blood occur "rarely" your occupation is not likely placing you at risk. Consult a health professional after any exposure incident.

If all exposure incidents listed occur a few times a year or less, you are not at significantly increased risk for Hepatitis B. Vaccine should be considered most seriously by those who circled more than 3 "A few times a year", or by those with dry, cracked hands or who frequently have open cuts. Discuss your situation with a health professional.

If you checked one or more on the "regularly" column, you should strongly consider receiving the Hepatitis B vaccine series. Discuss your eligibility with a health professional.

SCHOOL HEALTH FAQ's



(Continued from page 1)

A Good question... and from your end it probably appears that TDH needs to streamline its communication process. There are over 200 programs within TDH central operations in Austin, as well as regional programs throughout the state. Each uses standard TDH letterhead, but generally puts its address at the top, rather than the Austin address. The School Health Program is not able to screen communications that go to schools from other programs. We have recently informed all TDH employees, statewide, about this newsletter, and encouraged them to contribute. We hope that by collaborat-

ing with other programs, we will be informed as to what is going on in the field and therefore can better respond to your inquiries. Some initiatives, however, are location specific and may only affect a certain city/region. We have asked TDH programs to send us info that is relevant to school health across the state. Inevitably, some school health-related info will go out without our program's knowledge. For questions about mail from TDH, try to contact the actual sender first. If that is not possible, contact the School Health Program, and we will do our best to put you in touch with the right TDH staff person and/or program.

Q What should the school nurse do regarding preparing medications for field trips?

A The Board of Nurse Examiners has recently included this issue in the delegation section, Rule 218, of the

Nursing Practice Act. For info on this or to view the rules, see the BNE website at: www.bne.state.tx.us. This new rule does apply to schools and includes meter dose inhalers and pill box containers. In brief, the school nurse may prepare a single dose container for the designated school employee to administer to a student requiring medication during a field trip. The employee should be trained by the nurse in proper administration of that particular medication. A documentation mechanism should be developed as well, to be included in the student's medication administration record (MAR).

The TDH School Health Program website contains other frequently asked questions from school nurses and health staff, as well as our responses. Visit our website at: www.tdh.state.tx.us/schoolhealth and select the **Frequently Asked Questions** link.



TDH GENERAL ANNOUNCEMENTS TO SCHOOLS

2001 ALL WELL School Health Conference

ALL WELL will be held June 3-6 at the Texas Christian University in Ft. Worth, Texas. ALL WELL is a collaborative effort between more than 20 education and health related organizations including the American Cancer Society, the American Heart Association, and the Texas Assoc. of School Administrators. Structured around a "team approach" to health promotion, ALL WELL is an interactive 4 day conference designed to provide participants with an opportunity to "live and learn wellness." Schools are encouraged to send teams comprised not only of health staff but of administrators, coaches, cafeteria staff, parents and all other individuals that play a role in the school community. For more info and to register, contact Shelley Summers, American Cancer Society, at 254-753-5551.

Texas Health Steps Medical Case Management Opportunities

Do you have experience working with low-income children and their families? Do you have concerns about their access to health care? These are the same concerns that Texas Health Steps is trying to address through the Medical Case Management Program.

Texas Health Steps is currently recruiting registered nurses and licensed social workers to provide comprehensive case management services to Medicaid eligible children who have or are at risk for health conditions or have other special health care needs. These are paid positions reimbursed by the Medicaid program. Families with children on Medicaid often have a difficult time understanding and accessing their Medicaid benefits. Barriers to accessing health care include transportation problems, language differences, complex health care delivery system and lack of knowledge. Experienced nurses and social workers are needed to assist families with these concerns and any other needs families may identify.



If you are interested in learning more about this program or in applying to become a case manager, please call the Texas Health Steps program at the Texas Department of Health (TDH) at 512-458-7111, ext. 2168. Or contact your regional TDH office and ask for the Texas Health Steps representative. Interested parties should also visit the Texas Health Steps website at www.tdh.state.tx.us/caseman/caseman.htm.

National Infant Immunization Week

The "Boots are Back - Shots Across Texas" is the campaign slogan for the this observance of National Infant Immunization Week April 22-28, 2001. This kick-off marks the continuing observance to raise immunizations levels in our state. In Texas we still have much work to do. Please log on to our web site www.tdh.state.us/immunize/coalhome.htm. Click on to the *Boots Are Back* for our brochure and calendar



of events around the state. Join us on "Red Boot Day" Monday, April 23. Help us to stomp out vaccine-preventable childhood disease in Texas once and for all! For more info contact Vivian Harris R.N., TDH Immunization Outreach Coordinator, at 1-800-252-9152.

Report Exposures to Pesticides to TDH

The TDH Pesticide Exposure Surveillance in Texas (PEST) Program tracks human pesticide exposure throughout Texas. The warm months ahead of us mean more pesticide applications from agricultural to simply spraying mosquito repellent on the body. Reporting of occupational pesticide exposure is required by law. If you are aware of a pesticide exposure, please call toll-free: 800-588-1248. All reported information remains confidential. This information is used to prevent and control future exposures, and to provide educational materials and prevention training. If you would like further information on this program, please call the toll-free number above.



MARK YOUR CALENDARS!

May **National Nurse Week (6th -12th)**

Buckle Up America Week (22nd-29th)

National Anxiety Disorders Screening Day (2nd)

National Adolescent Pregnancy Prevention Month

Childhood Depression Awareness Day (7th)

June **Fireworks Safety Month (thru July 4th)**

Fathers Day (17th)

National Cancer Survivors Day (3rd)

July **Happy Fourth of July!**

National Lead Poisoning Prevention Week (16th-22nd)

August **Spinal Muscular Atrophy Awareness Month**

World Breastfeeding Week (1st-7th)

For more health observance calendar info see:
www.foodandhealth.com/healthcalendar.shtml#august

Texas Comprehensive School Health Network...

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the challenges of working together and building constructive relationships...because relationships are what it's all about."

For more information about the Texas Comprehensive School Health Network or to locate the School Health Specialist in your region, contact Ruth E. Andersen, Ph.D., Project Director, through the Texas Department of Health at (512) 458-7111, ext. 3014 or send email to:

ruth.andersen@tdh.state.tx.us.

TDH School Health Advisory Committee...

(Continued from page 1)

"slow" for a few members (myself included), who were anxious to "move on" and "get things done." After several meetings and hours of discussion, consensus was achieved about the group's vision, and the definitions of School Health Promotion and School Health Services. Working from this mutual framework, the group could move on to establishing and prioritizing goals and developing objectives and strategies. The "deliberative" approach has enabled all of us to have a sense of each other's common beliefs and values, from which we can move forward!

In addition to the "work" of the committee, the agendas have evolved into a format that promotes discussion of current issues and events, legislative updates, and informative presentations about the work and breadth of the TDH Child Wellness Division and the School Health Program. The committee is greatly interested in the role of the Texas Education Agency and sees itself as the formal bridge that will strengthen the link between health and education. At our next meeting, we hope to study the survey results in depth and begin envisioning the guidelines we would like to see implemented for school health services. If there were a way to summarize the dynamics of the coalition, I would suggest:

S: synergistic
H: holistic
A: articulate
C: committed.



Letter from State School Nurse Consultant...

(Continued from page 2)

were time consuming. Updating care plans, making time for the assessments and other necessary aspects of nursing care sometimes got pushed to the bottom of the list, and put off for days, weeks, or even months, while I reacted to the events of the moment. The medium-sized rocks might signify scheduling blocks of time for health teaching, or even more important, parent conferences. The gravel could represent daily medications or other routine responsibilities. The sand represents things such as Band-Aids, chapstick, safety pins and head checks. Yet, we spend our days filling our buckets with sand instead of proactively practicing professional nursing.

If I were to appear before the BNE, a judge or jury, I would be confident explaining solid evidence of nursing care that included a care plan aligned with the student's IEP, documentation of regular nursing assessments and parent conferences. I would be rather nervous if all I had before me was a clinic log showing a few scattered treatments or medications here and there, and how many heads I had checked. This is not to trivialize any aspect of what school nurses do for kids but rather is a reminder that school nursing is a challenging specialty area of practice, which requires as many

skills as a critical care nurse, an emergency room nurse, or an operating room nurse. In fact, school nurses must have keener assessment skills, communication skills and a level of clinical competence and CONFIDENCE that allows them to practice nursing in an independent setting.

Being a health care provider in the educational setting can lead to feelings of isolation or doubt at times. However, the standards of professional nursing practice remain unchanged and apply to every RN regardless of practice setting. People who think nurses choose to work in schools to escape long hours and hard work are simply misinformed. School nurses do not have the luxury of specializing in one body system, disease process, or age group, but must be prepared to provide physical care, health teaching, emotional support, and referrals to the student and family for virtually every possible social, emotional or physical condition known! That's not a complaint either. That is a statement of PRIDE. *That is one of the many things that makes school nursing by far the most unique, challenging and fulfilling work that a nurse can do.*

Michelle McComb, R.N.,
TDH School Nurse Consultant

School Age Children with Phenylketonuria (PKU)...

like "phe", to help the baby grow. The blood "phe" level may increase 1½ times in the baby. The higher the mother's blood "phe" level, the greater the chance the baby will have problems. The harm to the baby is thought to be caused by high "phe" levels in the blood stream of the mother, damaging the developing embryo, even though the mother is not obviously affected by these high "phe" levels.

How Can Maternal PKU be Prevented? Women with PKU should restrict their phenylalanine intake before conception and during pregnancy or risk a child with growth restriction, mental retardation or other symptoms of PKU, even if the child is metabolically normal. It is essential these women visit a metabolic treatment center for diet control.

How Can School Health Professionals

and Allied Staff Get Involved? We need your help in identifying students with PKU who may have lost contact with their metabolic treatment center. The student's medical record may indicate a history of PKU or a special diet early in life. If you have an opportunity to speak to classes or parent groups, please include the topic of PKU in your agenda. Carolyn Scruggs, R.N., TDH New Born Screening Program, is available to provide further info and materials about PKU and procedures for adding children to the Texas PKU Registry. Please call **1-800-422-2956**, ext. 2128.

THE TEXAS SCHOOL HEALTH BULLETIN



Texas Department of Health
Bureau of Children's Health
School Health Program
1100 West 49th Street
Austin, TX 78756
Phone (512) 458-7700

STAY WELL - WASH YOUR HANDS

By LuRose Schumacher, School Nurse

Hands shake others hands
Hands use a borrowed pencil
Keeping in mind to stay well and be kind
Keeping hands clean is essential

If you rub an itching eye
Touch your ears, nose, or mouth
Germs travel by hands
Into the body by that route

When soap and water is used
Bacteria is washed away
But on skin that is not kept clean
Germs will come and stray

Now clasp your hands together and rub
Using soap and water too
Now rinse-then dry-and your hands will feel
Clean and smell nice for you

As you eat your snacks and meals
Your hands may touch the food
So that's another clue
To know hand washing is always for you

Soooo wash, wash, wash
With soap the proper way
Wash each time needed
And every single day.



SCHOOL HEALTH ACCOLADES!

School nurses in McAllen, Texas were recognized by the McAllen City Commission in January (School Nurses Week) for their pivotal role in keeping children physically and emotionally healthy. City Commissioner Jan Klinck presented a city proclamation to **Sandra Gaulke**, Director of McAllen ISD Comprehensive School Health Services. Sandra represented the more than 40 nurses working in **McAllen ISD**. Sandra was also recently named the Texas School Nurse Administrator of the Year.



The **TDH Take Time for Kids (TTFK)** program was honored with an award from the National Honorary Extension Fraternity, Epsilon Sigma Phi, for outstanding public service and collaboration with Texas A&M University Extension Service. TTFK works to make the quality of life of young children better through facilitating greater access by parents, caregivers, and communities to information about early childhood development and positive parenting. Congratulations to **Jere Brewer**, TTFK Program Coordinator, and **Andrea Branch**, TTFK staff person, for their outstanding work! Visit the TTFK website at <http://www.tdh.state.tx.us/ttfk>.

THIS IS THE LAST MAILING TO ALL CAMPUSES...

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We need your feedback! Tell us what types of info are most useful to you in this bulletin. Please send us your comments & suggestions. Also, we welcome submissions of accolades, artwork, comics, writing, or any other contributions (from staff or students) of interest to school nurses and health staff in Texas.